



**TOWN OF HOPEDALE
APPLICATION FOR PERMIT TO PERFORM**

Permit # _____

☐ GASFITTING OR ☐ PLUMBING

Date _____

Building Location _____

Owner's Name _____

Owner's Phone _____

☐ New

☐ Renovation

☐ Replacement

☐ Re-Inspection

FIXTURES:

FIXTURES:	Water Closet	Lavatory	Bath Tub	Shower Stall	Kitchen Sink	Dishwasher	Disposal	Wash Mach	Laundry Tray	Slop Sink	Floor Drain	Gas Trap	Urinal	Drink Fount	Area Drain	Water Piping	Other Fixture		Hot Wtr Tank	Tankless	Solar Hot Wtr	Boiler/Furn		Range	Oven	Grille	Dryer	Pool Heater	Tests	Other				
Sub-basement																																		
Basement																																		
1st Floor																																		
2nd Floor																																		
3rd Floor																																		
4th Floor																																		

☐ FIRM/CO.

☐ PARTNERSHIP

☐ CORP. / CERTIFICATE # _____

Company Name _____

Name of Licensed ☐ Gasfitter or ☐ Plumber

Address _____

Telephone _____

Insurance Coverage:

I have a current liability policy or its substantial equivalent.

☐ Yes ☐ No

If YES, please indicate type.

☐ Bond

☐ A liability insurance policy

☐ Other _____

I hereby certify that all of the details and information I have submitted (or entered) in the above application are true and accurate to the best of my knowledge and that all installations and plumbing work performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the Mass. General Laws.

Type of License: ☐ Gasfitter

☐ Plumber

☐ Master

☐ Journeyman

License # _____

Signature: _____

Owner's Insurance Waiver:

I am aware that the licensee **does not have** the insurance required by the Mass. General Laws, and that my signature on this permit application waives this requirement.

Signature: _____

☐ Owner

☐ Agent

cash _____ ck# _____

Permit Fee \$ _____



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